Department of Health and Human Services Centers for Medicare & Medicaid Services

Form Approved OMB NO. 0938-0390

Event ID: YCTW12

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 25684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0838-0390), Washington, B.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 445455	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revis 6/6/2011					
Name of Facility		Street Address, City, State, Zip Code					
CLARKSVILLE NURSING AND REHAL	BILITATION CENTER	900 PROFESSIONAL PARK DRIVE CLARKSVILLE, TN 37040					

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

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